

VERMONT2009

Transportation of Individuals in the Custody of the Commissioner of Mental Health

Report to the Legislature on **Act 180 2006 (ADJ) Session**
Section 3 - 18 V.S.A. § 7511
January 15, 2009

VERMONT

Department of Mental Health
AGENCY OF HUMAN SERVICES

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Introduction

The Commissioner of the Department of Mental Health is required to report to the House Committee on Human Services and the Senate Committee on Health and Welfare data for the preceding year regarding the transportation of persons in accordance with 18 V.S.A. § 7511.

18 V.S.A. § 7511 states:

The Commissioner of the Department of Mental Health shall ensure that all reasonable and appropriate measures consistent with public safety are made to transport or escort a person subject to this chapter to and from any inpatient setting, including escorts within a designated hospital to the Vermont state hospital, or otherwise being transported under the jurisdiction of the commissioner in a manner which:

- 1. prevents physical and psychological trauma;*
- 2. respects the privacy of the individual; and*
- 3. represents the least restrictive means necessary for the safety of the patient.*

The commissioner shall have the authority to designate the professional who may authorize the method of transport of patients under the commissioner's care and custody.

When a professional decides an individual is in need of secure transport with mechanical restraints, the reasons for such determination shall be documented in writing.

It is the policy of the state of Vermont that mechanical restraints are not routinely used on persons subject to this chapter unless circumstances dictate that such methods are necessary.

The reports that follow include the number, method and location of all adult and child transports. Secure transports are those provided by a sheriff in a marked vehicle, most often with restraints. Non-secure transport refers to those arrangements that use civilian vehicles and escorts; although in some instances sheriffs may provide support and/or accompaniment. Mental Health Alternative is a new reporting category in this year's report. Mental Health Alternative transport refers to a service that was developed by Howard Center and Washington County Mental Health last year and put into effect July 1, 2007. Both HowardCenter (HC) and Washington County Mental Health (WCMH) were granted funds from the Department of Mental Health in order to develop alternatives to sheriff transports for adults who are on involuntary status. The establishment of this service is consistent with intent of the expressed desire of the legislature to offer a more clinically desirable alternative when clients are assessed to be

capable and willing to accept a less restrictive mode of transportation while on involuntary legal status. Clients who utilize the Mental Health Alternative transport service are driven in a van with dedicated program agency staff from community settings to inpatient hospital destinations without the use of any type of restraint.

From December 2006 to November 2007, there were 928 transports of 260 adults and 31% of these transports were by a secure method. This year there were 691 transports of 278 adults and 43% were by a secure method. 3% of the transports were by Mental Health Alternative teams. For the last reporting period metal restraints were used 82% of the time and this year metal restraints were used 88% of the time. The use of either no restraints or polyurethane restraints trended up from 6 % last year to 12% this year. Secure transports from Vermont State Hospital increased from 9% last year to 22% this year. Secure transports from Vermont State Hospital usually include transport to court appearances and medical appointments and happen post admission.

There was a decrease in secure transports for the age range 18-34. Last year this age group was transported in a secure manner 51% of the time compared to 47% this year. In the 35-49 age group, secure transports increased from 33% last year to 58% this year. In the 50-64 age group, secure transports increased from 17% last year to 28% this year and in the 65+ age group, secure transports increased from 18% last year to 31% this year.

For last year's reporting period, 3 Community Mental Health Center's had 100% of their transports going in a secure manner. This year, Northeast Kingdom Human Services (NKHS) decreased their secure transports from 100% last year to 92% this year. Rutland Mental Health Services (RMHS) decreased their secure transports from 100% last year to 36% this year. Clara Martin Center (CMC) remained steady with their transports remaining at 100% for both last year and this year. Overall, secure transports which originated from Community Mental Health Centers showed a downturn from 94% last year to 58% this year.

Central Vermont Medical Center (CVMC), Rutland Regional Medical Center (RRMC) and Windham Center (WC) were 3 Designated Hospitals that had a rate of 100% secure transports last year. This year, Central Vermont Medical Center's rate of secure transports that originated at the hospital decreased to 75%. Rutland Regional Medical Center's rate decreased to 0, which reflects a change this year in hospital policy that sheriffs will no longer be used when transporting people on involuntary legal status and that only ambulances will be used to transport. Windham Center had no secure transports this year.

The Department of Mental Health instituted a significant policy change in December 2007 to state that the transportation of children age 10 and younger will occur by means other than marked sheriff's transport, and without mechanical restraint. Exception to this may only be made by Commissioner or designee approval. Addendum I is a copy of the December memo verifying this agreement with referring agencies.

This year, there was one child in the 10 and under age range that was transported by sheriff, with Commissioner approval.

Last year there were 43 transports of 41 children, 35% of them going by secure method. This year there were 71 transports of 68 children, resulting in 39% going by secure method. Last year in the 5-9 age group, 20% of the transports were by secure method. This year, in the 5-10 age group, 5% of the transports were by secure method. Last year 31% of transports in the 10-14 age range were by secure method while this year 50% of transports in the 11-14 age range were by secure method. Last year 45% of the transports in the 15-17 age range were by a secure method compared with 56% this year in the same age range.

Last year 100% of all Rutland Mental Health Services children's transports were by secure means. This year Rutland Mental Health Services has seen a downturn in their secure transports, with a 13% total for all secure transports. Last year Counseling Services of Addison County (CSAC) had a 50% rate of secure transports for children and this year 100% of Counseling Services of Addison County's children's transports were by secure means.

Vermont Department of Mental Health
YOUTH INVOLUNTARY TRANSPORTATION
One Year Overview (December 2007 - November 2008)
(71 Transports of 68 Children)

	Total Transports #	Type of Transport			
		Secure		Non-Secure	
		#	%	#	%
<u>Total</u>	71	28	39%	43	61%
<u>Gender</u>					
Male	49	18	37%	31	63%
Female	22	10	45%	12	55%
<u>Age</u>					
5-10	21	1	5%	20	95%
11-14	14	7	50%	7	50%
15-17	36	20	56%	16	44%
<u>Type of Transport Decided by:</u>					
Community Agency	71	28	39%	43	61%
HC - (Chittenden)	19	5	26%	14	74%
HCRS - (Southeast)	11	3	27%	8	73%
WCMH - (Washington)	9	6	67%	3	33%
RMHS - (Rutland)	8	1	13%	7	88%
UCS - (Bennington)	8	2	25%	6	75%
CSAC - (Addison)	4	4	100%	0	0%
NCSS - (Northwest)	4	2	50%	2	50%
NKHS - (Northeast)	3	1	33%	2	67%
CMC - (Orange)	3	3	100%	0	0%
LCMH - (Lamoille)	2	1	50%	1	50%
<u>Transport From:</u>					
Hospital	63	25	40%	38	60%
Other	8	3	38%	5	63%
<u>Transport To:</u>					
Brattleboro Retreat	71	28	39%	43	61%

Number of Involuntary Transports per Client:

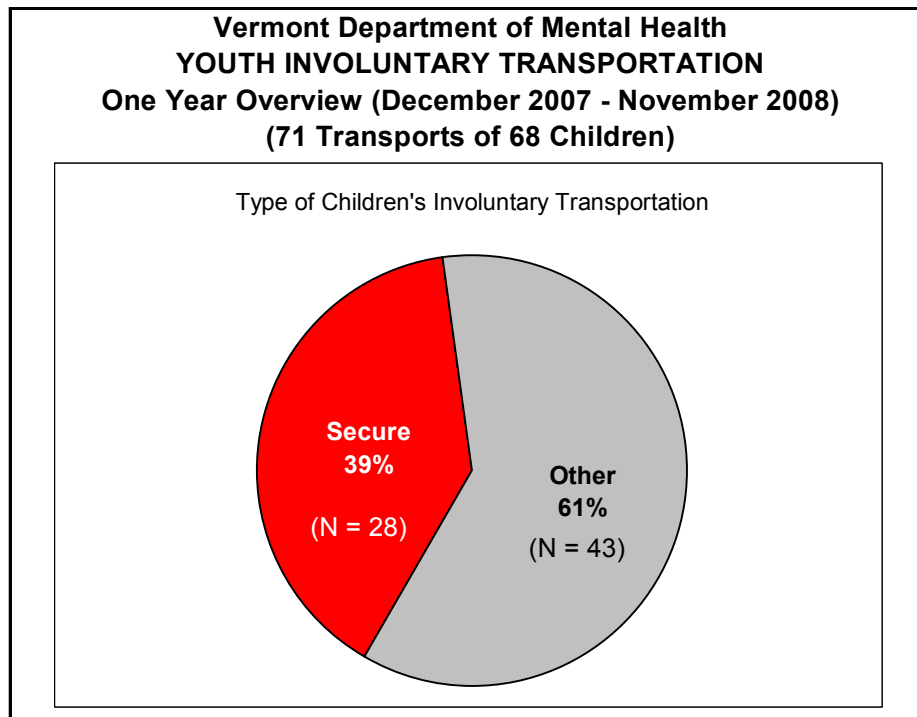
(Transports during December 2007 through November 2008)

Number of Transports	Number of Clients
1 Transport	66
2 Transports	1
3 Transports	1
TOTAL CLIENTS	68

Analysis conducted by the Vermont Performance Indicator Project (PIP). Based on the Adult Involuntary Transportation Data Set maintained by the VT Department of Mental Health.

**Vermont Department of Mental Health
YOUTH INVOLUNTARY TRANSPORTATION
Type of Secure Transport Restraint
28 Secure Transports during December 2007 - November 2008**

Total Secure Transports	28
Data Available	24
Type of Restraint	
Metal	23
Polyurethane	1



Analysis conducted by the Vermont Performance Indicator Project (PIP). Based on the Adult Involuntary Transportation Data Set maintained by the VT Department of Mental Health.

**Vermont Department of Mental Health
ADULT INVOLUNTARY TRANSPORTATION
December 2007 - November 2008
(691 Transports of 278 Adults)**

	Total Transports #	Type of Transport					
		Secure		Non-Secure		MH Alternative	
		Total #	Row %	Total #	Row %	Total #	Row %
<u>Total</u>	691	295	43%	372	54%	24	3%
<u>Gender</u>							
Male	399	191	48%	199	50%	9	2%
Female	292	104	36%	173	59%	15	5%
<u>Age</u>							
18-34	257	121	47%	124	48%	12	5%
35-49	170	99	58%	65	38%	6	4%
50-64	216	60	28%	152	70%	4	2%
65+	48	15	31%	31	65%	2	4%
<u>Type of Transport Decided by:</u>							
Vermont State Hospital	419	97	23%	321	77%	1	0%
Community Agency	232	171	74%	40	17%	21	9%
WCMH - (Washington)	47	31	66%	3	6%	13	28%
HCRS - (Southeast)	39	34	87%	5	13%	0	0%
UCS - (Bennington)	31	15	48%	16	52%	0	0%
HC - (Chittenden)	33	26	79%	1	3%	6	18%
NKHS - (Northeast)	24	22	92%	1	4%	1	4%
CSAC - (Addison)	20	18	90%	1	5%	1	5%
LCMH - (Lamoille)	16	11	69%	5	31%	0	0%
RMHS - (Rutland)	11	4	36%	7	64%	0	0%
CMC - (Orange)	7	7	100%	0	0%	0	0%
NCSS - (Northwest)	4	3	75%	1	25%	0	0%
Other Hospital	38	25	66%	11	29%	2	5%
Fletcher Allen Health Care	21	18	86%	1	5%	2	10%
Rutland Regional Medical Center	9	0	0%	9	100%	0	0%
Brattleboro Retreat	4	4	100%	0	0%	0	0%
Central Vermont Medical Center	4	3	75%	1	25%	0	0%
Court	2	2	100%	0	0%	0	0%

Analysis conducted by the Vermont Performance Indicator Project (PIP). Based on the Adult Involuntary Transportation Data Set maintained by the VT Department of Mental Health.

**Vermont Department of Mental Health
ADULT INVOLUNTARY TRANSPORTATION
December 2007 - November 2008
(691 Transports of 278 Adults)**

	Total Transports	Secure		Type of Transport Non-Secure		MH Alternative	
	#	Total #	Row %	Total #	Row %	Total #	Row %
<u>Transport From:</u>							
VSH	415	93	22%	321	77%	1	0%
Other Hospital	222	160	72%	47	21%	15	7%
Emergency Department	13	11	85%	0	0%	2	15%
CMHC	12	7	58%	1	8%	4	33%
Criminal Justice	4	4	100%	0	0%	0	0%
Other	25	20	80%	3	12%	2	8%
<u>Transport To:</u>							
VSH	157	121	77%	23	15%	13	8%
Other Hospital	197	108	55%	80	41%	9	5%
Other (including short visits)	337	66	20%	269	80%	2	1%
<u>Reason:</u>							
Emergency	260	186	72%	51	20%	23	9%
Short Visit	208	1	0%	206	99%	1	0%
Medical	136	45	33%	91	67%	0	0%
Court	49	44	90%	5	10%	0	0%
Preplacement Visit	17	1	6%	16	94%	0	0%
Other	21	18	86%	3	14%	0	0%

Number of Involuntary Transports per Client:

(Transports during December 2007 through November 2008)

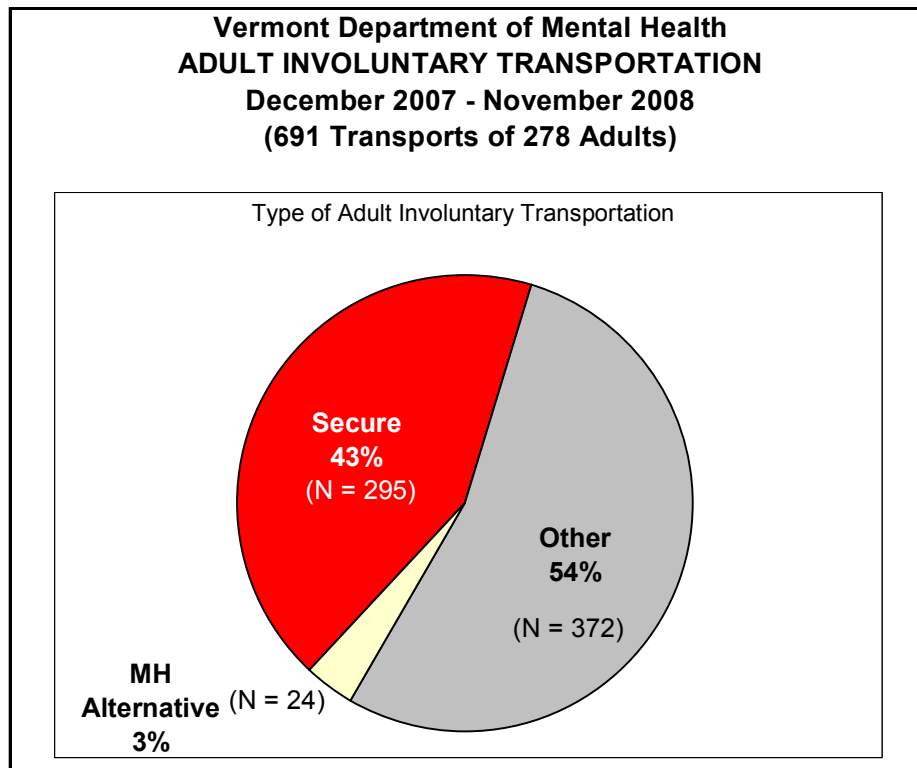
Number of Transports	Number of Clients
1 Transport	172
2 to 5 Transports	91
6 to 9 Transports	9
10+ Transports	6
TOTAL CLIENTS	278

Analysis conducted by the Vermont Performance Indicator Project (PIP). Based on the Adult Involuntary Transportation Data Set maintained by the VT Department of Mental Health.

**Vermont Department of Mental Health
ADULT INVOLUNTARY TRANSPORTATION
Type of Secure Transport Restraint
295 Secure Transports during December 2007 - November 2008**

Total Secure Transports	295
Data Available	250

Type of Restraint	
Metal	220
Polyurethane	11
No Restraint	19




Analysis conducted by the Vermont Performance Indicator Project (PIP). Based on the Adult Involuntary Transportation Data Set maintained by the VT Department of Mental Health.

Addendum I

MEMORANDUM

TO: DA Children and ES Directors, DMH Directors, VDH Commissioner's Office, VSH Admissions Office

FROM: Michael Hartman, Commissioner, DMH 

DATE: December 6, 2007

SUBJECT: Transport of Children under 10 and under

First, I want to thank all of the DA staff involved in dramatically changing the transportation options for children who are deemed to need involuntary treatment. In just two years you all have made significant progress in this area and we now are able to transfer 63% of all children proposed as involuntary patients by means other than secure transport—i.e. in shackles with law enforcement.

In recent discussions regarding the transport of children who are being proposed as involuntary patients DMH requested DA's commit to no further transport of children 10 years of age or younger by Sheriff's Department staff in marked vehicles and in shackles. This request was made with the understanding that adequate financial resources have been made available to the DA's in regards to transportation of children in these situations to allow for this to be a successful effort.

I have been informed this agreement is found reasonable by the DA Children's Directors and is now engaged as standard practice. Thus, by this memo, I am establishing this expectation on all DA transports of children age 10 and younger to be done by parents or guardians, ambulance, or DA arranged safe transport. I also understand that in some areas Sheriff Departments are willing to transport in unmarked vehicles without restraint. These transports are included as DA arranged safe transport.

Should the need for secure transport for children age 10 and younger be deemed necessary by Sheriff Departments after December 5, 2007, it is understood that approval of such transport be requested to the Commissioner of Mental Health. I can be consulted as needed for this via the DMH Central office in Burlington during normal business hours and through the Vermont State Hospital Admissions office otherwise. These numbers are 802 951-1258 for DMH and 802 241-1000 for VSH Admissions.

It is expected that DMH will thoroughly review and report to the Commissioner any transport by sheriff for children 10 and younger should it occur. As well, I am hopeful we can continue to extend this practice to children ages 12 and younger by July 1, 2008. I thank all of you for your continued cooperation in this area.